

10606753

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/						51		
2							52		
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48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	16	↔	↔	↔			TOTAL DEP.	↔	↔
TOTAL CLAIMS	19	████			████		TOTAL CLAIMS	████	████

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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